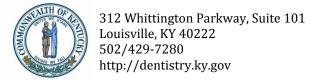
Fee	Date
Transcript	Jurisprudence
NB	Clinical
Bkgrnd	NPDB
HIV/AIDS	CPR
Verifications	
License number	
Date of Issue	

FOR KBD USE ONLY

Kentucky Board of Dentistry



APPLICATION FOR DENTAL LICENSURE

Please print in ink or type your responses. List your name as you want it to appear on your license.

Name						
Last/Suffix		Fir	st		Middle	
Former Name(s)						
Place of Birth		Date of Birth		Ger	Gender (M/F)	
			mm/dd/yyyy			
Citizen of	If naturalized	d U.S. citizen, give	e date and place			
Home address						
Number & Street PO Boxes Not A	Acceptable					
City	State	ZIP	KY County		Phone #	
Intended business address						
Business Name		Number & Street	PO Boxes Not Acceptable			
City	State	ZIP	KY County		Phone #	
Preferred mailing address \square Home \square Bus	siness \square Othe	r				
Email address			Cell phone numb	er		
Applying for \square Full licensure by exam \square F	ull licensure by	credentials \square	Student limited licen	sure \Box Fac	culty limited licensure	
Name of clinical exam	Date of exam		Location of exam			
DEA Permit Number						
Dental Education						
Name of School		Location	# of Years	Degree	Dates Attended	
Other State Licenses List all states in which you have held or pres	ently hold a de	ntal licence Atta	ch an additional shee	t if necessary		
State	License		State	t ii iiecessai y	License #	
	- 					

Practice History

Give all places of practice since graduation, listing most recent first. Attach an additional sheet if necessary. Business Name Address				·	Dates	
If you a	nswer NO to any of question	ns 3-5, please attach	n a full written explanation.			
1.	Are you a graduate of a COI	DA accredited D.M.D	D. or D.D.S. program?		Yes	No
2.						No
3.			English language with a comprehension			
		_	ade of education, otherwise known as		Yes	No
4.			t II of the National Board written exan		Yes	No
5.	Did you successfully pass a	clinical exam within	three (3) tries?		Yes	No
If you a	nswer YES to any of question	ns 6-13 or 15, please	e attach a full written explanation.			
			e of disciplinary action taken against it	by any		
					Yes	No
7.	Are there any disciplinary a	ctions pending agair	nst your license by any state board or	government		
	agency?				Yes	No
8.		-	y any state?		Yes	No
9.	Have you ever voluntarily so	urrendered your lice	ense while under investigation in any s	tate?	Yes	No
10.	-		icted in any way from participating in	· ·		
		_	icaid)?		Yes	No
			quished?		Yes	No
			or or felony?		Yes	No
			ofessional negligence?		Yes	No
14.			al aid program administered by the Ke		.,	
4.5	_		?		Yes	No
15.	ir yes to #14, are you in der	auit of the repaymer	nt obligation, per KRS 164.772?		Yes	No
Affaday	rit to be Completed Before a	Notary				
ı		heing dul	ly sworn state that I am the person			—
referred			ph attached hereto is of myself and			
			plete to the best of my knowledge and			
	· · · · · · · · · · · · · · · · · · ·	•	be classified, or hold myself out as			
			to do so has been granted by the	Attach a head and sho		
			the Kentucky Board of Dentistry, I and regulations governing the practice	photograph taken with		
	stry in Kentucky.	all the statutes, rules,	and regulations governing the practice	past six months.		
0. 00	ar y nemedeny.					
I underst	tand that, under Kentucky Law, i	the submission of any	false, fradulent, or forged statement,	No hats, please.		
			is grounds for criminal prosecution			
	al of licensure. I authorize the B					
intormat	tion, files, or records necessary f	or determining my qua	alifications for licensure.			
	Signature of Applicant					
Ct -			,			
Star	te of		_)) ss			
Cou	inty of)			
	ned and sworn to before me this		- -			
	day of	, 20				
Ciar	nature			ion, non-refundable fee, an	a othe	şr
Jigi	Notary Public		required information Kentucky Board			
			Relitucky boald	or Deniasa y		

312 Whittington Parkway, Suite 101

Louisville, KY 40222

My commission expires _____